

# A FATTY TUMOR,

WITH

## SOME REMARKABLE POINTS IN THE CASE.

BY

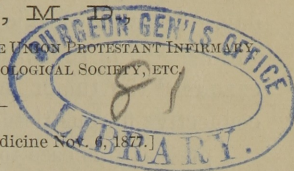
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I exhibit to the Academy this evening a fatty tumor, which I removed from Matilda Jackson on September 27, 1877, one month and fourteen days ago. It weighed seventeen ounces, measured eight inches in its long diameter, and four inches in its short diameter. It was pediculated, and grew from the skin over the anterior superior spinous process of the right ilium. The pedicle was two inches long, and one and three-quarter inch thick. When the woman was in the erect position, and the weight of the tumor put its tegumentary attachment upon the stretch, its lowest extremity reached nearly to the middle of the thigh. It was supplied with a large artery, which was distinctly felt by grasping the pedicle between the index finger and thumb.

I removed it by cutting through the skin of the pedicle, transfixing it in the line of incision with a needle armed with a double ligature, dividing and tying the ligature on each side, so as to make the thread bury well into the tissue, applying a Wells ovariectomy clamp behind the ligature and severing the pedicle in front of it. I touched the stump with Monsell's solution of sub-sulphate of iron as an antiseptic. I was afraid to trust either ligature or clamp singly, on account of the size of the artery which supplied the tumor. I was afraid the clamp might slip, and I was afraid the ligature (on account of the thickness of the pedicle) would not constrict the artery



sufficiently to prevent hæmorrhage; and such was the case. When the pedicle was first severed there was not one drop of blood lost. I then gradually relaxed the clamp, and before it was at all free the artery sprung and I was obliged to tighten it again.

The patient got on without an unpleasant symptom. I removed the clamp on the fourth day. Pedicle sloughed off on the tenth day, and I discharged the case well on the fourteenth day. She was whiskied and chloroformed by Dr. Grove, and I was assisted in the operation by Dr. Griffith. Dr. Tiffany kindly examined the tumor microscopically, and found only fat, with connective fibrous tissue.

I present this case to the Academy, not from anything particularly interesting in the tumor or in the operation, but because of some points in its history of much interest, both to the general pathologist and to the gynæcologist.

This patient is a very intelligent dark mulatto woman, aged forty; was born and raised a slave, in Missouri, to highly educated owners; was raised as a house-servant, and though unable to read or write, was thus, by association, very well educated. She gave a very plain history of the beginning and progress of this tumor up to the time of my seeing her.

1. She was born with what was considered to be two moles, one on her back near the lower angle of the right scapula, and the other on the anterior superior spinous process of the right ilium. The latter grew into the above tumor; the former remains as it was when she first remembered them both, about the size of an ordinary green pea. It has not grown a particle in forty years. The latter did not begin to grow till she reached the age of thirty, and has been growing steadily and uninterruptedly since. It is a question why this little mass grew to its present size and the other has remained stationary through life. The patient can give no reason.

2. With each menstrual period this tumor increased one-third in size and weight, and decreased with the subsidence of menstruation. It was also exceedingly sensitive at these times; was often very painful, and could be carried with comfort only in a sling. These facts may throw some light on the cause of



its growth while its associate has remained stationary. Connection with the pelvic arteries and nerves and its periodic congestions would explain the growth of this above its fellow, but it will not explain why this only began to grow at the age of thirty.

A third point of interest in this case is that she menstruated regularly every month while she was pregnant for six or seven days at a time, and used from four to six napkins daily when at her worst. At the end of her term she was normally delivered of a healthy child.

In a considerable obstetric experience of twenty-seven years, this is the first case of the kind with which I have met. I have repeatedly seen women apparently menstruate for one, two, or three months after conception, but I have never seen one before menstruate regularly during the whole term of pregnancy, and with no unpleasant results to either mother or child. In all the cases which I have examined where there was apparent menstruation for several months after the inception of pregnancy, there was found to be granular erosion about the cervix and up the cervical canal; and with the mucous membrane in this raw condition, and softened by pregnancy, it was easy to see how the slightest irritation might produce a flow of blood at each menstrual period, until the habit of menstruation had been effectually interrupted.

It is also easy to conceive how in such a condition of the cervical mucous membrane the habit alone of monthly uterine congestion might be sufficient to cause a flow of blood similar to menstruation at the beginning of pregnancy; and I can imagine how under such conditions it might continue for nine months; but this woman's uterus was perfectly healthy, and she never had the slightest discomfort about it or the slightest reason to think it diseased.

A fourth point of interest is that, up to the age of thirty, when this tumor began to grow, she was regular in her bowels every day; but from thirty years of age to date of the operation she has been most obstinately constipated, never having an evacuation from the bowels oftener than once in two weeks, and usually once in from four to six weeks; and notwithstand-

ing this most unusual constipation, she has never had a headache or any unpleasant symptom. I saw the patient yesterday (one month and fourteen days since the operation), and she assures me that she has not missed one day since then without a free evacuation of the bowels; sometimes two or three a day, and that without any laxative medicine.

5. Her uterus was found organically and functionally healthy. She told me yesterday that she never had any pain in menstruating till since the removal of the tumor. At the two menstruations since she has had some pain. She has also had since the operation occasional shooting pains through the abdomen, radiating from the seat of the tumor.

These facts may throw some light on the points, that before the tumor began to grow the patient's bowels were perfectly regular; during the growth of the tumor the bowels were most obstinately constipated, and after the removal of the tumor, the bowels became again regular every day, and occasionally several actions a day.

The innervation due to the bowels for their healthy action was concentrated on the development of the tumor; and when the tumor was removed the whole nervous supply was suddenly thrown back on the abdominal and pelvic viscera, as evinced by neuralgia of the bowels and uterus. The bowels become regular with pain; the uterus menstruates with pain; but so soon as this undue and sudden nervous flow is more equally distributed, these viscera will no doubt perform their functions without pain.

I may add that this woman never had but one child; was married at eighteen; child born at nineteen; husband was sold from her the third day after her delivery, and she never saw him again. She married a second time after ten years, but never became pregnant. She has always been a specimen of fine health; never had a day's sickness, and, to use her own words, "never took a dollar's worth of medicine in all her life."